

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION
44-105**



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Medical

**UNDERGRADUATE AND GRADUATE
MEDICAL EDUCATION TRAINEE
SUPERVISION**

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction applies to all San Antonio Uniformed Services Health Education Consortium (SAUSHEC) staff physicians, dentists, program directors and trainees and establishes minimum requirements for supervision of trainees who provide medical care to patients under the 59th Medical Wing (MDW). This instruction does not apply to the Air National Guard or Air Force Reserve. SAUSHEC Graduate Medical Education (GME) and Graduate Allied Health (GAHE) program directors will also comply with any additional requirements of their respective residency review committees or accrediting organizations. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpclo.defense.gov/Privacy/SORNs.aspx>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained with Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 44-105 includes added student supervision procedures.

1. Program Responsibilities.

1.1. Supervising Staff Provider. A licensed independent practitioner (LIP) who can supervise trainees and students. Licensed independent practitioners may supervise trainees and students in the areas of medical/dental care in which they are privileged, if they are approved to do so by the appropriate program director of SAUSHEC training program and department chair (or equivalent) of the Medical Treatment Facility (MTF). It is supervising staff providers who are ultimately responsible for all aspects of their patients' care within each SAUSHEC training hospital.

1.2. SAUSHEC. A consortium of Brooke Army Medical Center (BAMC) and 59 MDW for the purpose of providing post graduate training to physicians, dentists, physician assistants, dietitians, etc, led by the Dean with oversight from Board of Directors and Command Council. Voting Members of the Command Council are the commanders of 59 MDW and BAMC. The Command Council is ultimately responsible for making necessary resources available to programs and ensuring that appropriate resident supervision is provided.

1.3. SAUSHEC Graduate Medical Education Committee (GMEC) and Graduate Allied Health Education Committee (GAHEC). Voting members of the GMEC and GAHEC are the Dean (who is the Chair), Associate Deans, Assistant Deans, program directors, peer selected resident representatives and faculty selected by the dean. The Dean also serves as the Accreditation Council for Graduate Medical Education (ACGME) recognized Designated Institutional Official (DIO). The GMEC and GAHEC charter includes the duty to monitor and advise on all aspects of GME and GAHE in SAUSHEC. The SAUSHEC and individual training programs' Trainee Supervision Policies establish the minimum requirements for supervision of trainees who provide medical care to patients under the 59 MDW and are available at the following link:

<https://bamc.amedd.army.mil/saushec/general/policies/docs/SAUSHEC-Resid-Super-Policy.pdf>.

2. General Principles of Supervision.

2.1. Careful supervision and observation are required to determine the trainee's ability to gather and interpret clinical information, perform technical procedures, interpretive procedures and to safely manage patients. Although not privileged for independent practice, trainees must be given graded levels of patient care responsibility while concurrently being supervised to assure quality care for patients. Each patient must have a responsible attending physician (supervising provider) whose name is recorded in the patient record, and who is available to the trainee and is involved with and takes responsibility for the patient care being provided by the trainees he/she is supervising. Supervision of trainees should be organized to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning privileged provider. Each SAUSHEC program director will define policies that specify how trainees in that program

progressively become independent in specific patient care activities, while still being appropriately supervised by medical staff. Typically this will be done by a job description for each year of training. The program director will also define the evaluation methods used to determine when a trainee can progress to the next level of training and when they are competent to graduate. The program director and department chairs (or equivalent) will ensure that all supervision policies are distributed to and followed by trainees and their supervising staff. General Trainee Supervision Guidelines per specialty available on the SAUSHEC website at:
https://bamc.amedd.army.mil/saushec/general/supervision_policies/

2.1.1. Program supervision policies must be in compliance the 59 MDW Medical Staff bylaws and The Joint Commission expectations on supervision. The written guidelines should also be supported by the expectations of the ACGME or equivalent national accrediting organizations. In addition, the requirements of the various certifying bodies with whom trainees will seek certification upon graduation will be incorporated into SAUSHEC training programs so graduates will be eligible to sit for these certifying examinations.

2.2. Compliance with resident supervision policies will be monitored by the program directors who will report issues to the GMEC/GAHEC through annual program reviews or ad hoc basis. Issues will be reported to the 59 MDW Board of Directors by the Dean and further addressed in the annual GME report. At the end of each academic year, the program director will determine if each trainee merits progression to the next higher level of training. This assessment will be documented in the annual AF Form 475, *Education and Training Report*, AF Form 494, *Academic/Clinical Evaluation* and/or service specific form required for each resident.

2.3. The GMEC and House Staff Council will have representation on appropriate 59 MDW hospital patient care and patient safety committees to insure communication on resident supervision and patient safety issues occurs between the GMEC, the Medical Staff, and the 59 MDW Board of Directors. This is in addition to participation in other similar committees not under the auspices of this instruction that may be required by host facilities.

2.4. The SAUSHEC GME Office, department chairs and program directors are responsible for ensuring privileged staff are appropriately fulfilling their responsibilities to provide supervision of house staff and students and that ongoing evaluation of trainees and their supervisors are conducted. The program director written guidelines for the teaching staff will include:

2.4.1. The goals and objectives for each clinical rotation (inpatient, outpatient, and consultation rotation).

2.4.2. Define the level of responsibility for each year of training by preparing a description of the types of clinical activities residents may perform and those in which they may act in a teaching capacity.

2.4.3. The competency of each trainee will be periodically documented by the program director as training progresses. The relevant goals and objectives of training and level of supervision must also be reviewed with each trainee by the attending staff. The supervising staff is expected to provide constructive feedback on medical/dental care,

documentation, and professional issues to those in training at any time. Supervising staff must complete evaluations for trainees and/or students. A copy of each evaluation will be provided to the appropriate dental, optometry, medical school or other school. The trainee's evaluations should be reviewed by the supervising staff with the trainee and countersigned as appropriate. House staff performance evaluations will be reviewed by the corresponding program director.

2.5. When requested by nurses or other personnel with need to know, attending staff physicians must verify whether residents can perform procedures without direct supervision. Attending staff can comply with this Medical Staff requirement because:

2.5.1. Residents will demonstrate professionalism by informing their attending physician (supervising provider) and other hospital personnel when they are not approved to perform a procedure without direct supervision or not approved to supervise another resident perform a procedure.

2.5.2. The program director will inform attending physicians (supervising provider) in the specialty how to access the resident-specific information to identify procedures each resident is approved to perform without direct supervision and/or supervise other residents' procedures.

2.5.3. When needed, hospital nurses and other authorized personnel will telephone/page the attending staff physician who is available 24/7 to confirm whether a resident is approved to perform a procedure without direct supervision.

3. Trainee Grievances Regarding Supervision.

3.1. It is the program director's responsibility to ensure that trainees are aware that any concerns the trainee might have regarding adequate technical or professional supervision, or professional behavior by their supervisors, will be addressed in a safe and non-threatening environment per SAUSHEC and ACGME guidelines.

3.2. All SAUSHEC GME and GAHE programs must follow policies of the SAUSHEC Grievance Policy. Trainee grievance mechanisms will be established for each department/training programs, and will be clearly stated and made available to all trainees during their orientation to that department/program in order to ensure that fair and just relationships between trainees and teachers can be perpetuated. Grievance policy is available on the SAUSHEC website at: <https://bamc.amedd.army.mil/saushec/general/policies/docs/SAUSHEC-grievance-policy.pdf>.

4. Student Supervision.

4.1. Student clinical rotations under the 59 MDW are educational experiences designed to offer students the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings.

4.2. While it is the goal to allow for progressive authority and graded responsibility for each student according to their individual abilities as they progress through training, all aspects of patient care rendered by students must receive either direct supervision or indirect supervision with direct supervision immediately available. All invasive procedures must receive direct supervision.

4.3. Levels of Supervision.

4.3.1. Direct Supervision. The supervising physician is physically present with the student and patient.

4.3.2. Indirect Supervision with direct supervision immediately available. The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

4.4. A supervising physician may be the attending, but may also be an experienced intern, resident, or fellow that has previously been permitted to teach students and supervise students.

4.4.1. Although any such qualified physician may be a supervisor, the attending has the ultimate authority to dictate trainee involvement in any aspect of patient care.

4.5. When a student is involved in the care of a patient it is their responsibility to communicate effectively with their supervising physician regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests, and intended interventions.

4.6. Each student must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

4.7. Ambulatory Clinic and Inpatient Rotations.

4.7.1. Students are NEVER permitted to perform any patient care related activity without either direct supervision or indirect supervision with direct supervision immediately available.

4.7.2. Patient Interview and Exam: Each service will have unique supervision requirements in both inpatient and outpatient settings. Students are expected to be informed of this information from each service on which they rotate.

4.7.3. The Medical Record: Each service has different requirements and limitations on the use of student notes in the official record. Students are expected to be informed of this information from each service on which they rotate.

4.8. Students in the Procedure Based Environment.

4.8.1. A Procedure Based Environment is defined as an Operating Room, Specialty Procedure Suites, or Labor and Delivery Rooms.

4.8.2. Students must ensure that their respective attending (surgical, obstetrics, anesthesia, medicine, medicine subspecialty, etc.) is aware of their presence and year of trainings (MS2-4) in the operative environment.

4.8.3. Students are NEVER allowed to perform a procedure without direct supervision from a supervising physician in a Procedure Based Environment.

4.8.4. The patient's attending physician (supervising provider) must be aware of and approve all procedures that students will perform.

4.8.5. Students are NEVER allowed to draw or administer medications.

4.8.6. Patient movement and transportation is dangerous for the sedated patient. Students may only assist with patient movement and transportation under direct supervision from a supervising physician.

4.8.7. Surgical attendings may allow students to scrub into an operative case and will dictate their level of participation in the case.

4.8.8. Students will not take pictures or any form of videography during procedures.

4.9. Procedures.

4.9.1. Students can SOMETIMES perform basic procedures in clinic or at the bedside (e.g., intravenous catheter placement, venipuncture, Foley placement, radial artery stick, orogastric tube placement, simple superficial suturing) under indirect supervision with direct supervision immediately available, provided ALL of the following criteria are met:

4.9.1.1. The patient's attending physician (supervising provider) has knowledge of their procedural capabilities.

4.9.1.2. The patient's attending physician (supervising provider) expressly grants them permission to perform the procedure.

4.9.1.3. Any permission to perform a single procedure applies only for that singular procedure for that particular patient.

4.9.2. If the student is uncertain whether a supervising resident or fellow is allowed to supervise the procedure, the student must telephone/page the attending staff physician (who is available 24/7) to confirm.

4.9.3. Students require direct supervision for all procedures not listed above.

4.10. Medical student Sub-Internship (Fourth Year Students Only).

4.10.1. It is recognized that medical students who have progressed to the MS4 level should be granted increased authority and responsibility commensurate with their level of training.

4.10.2. In EVERY instance, MS4 require direct supervision or indirect supervision with direct supervision immediately available.

4.11. The above student supervision policy is not exhaustive and cannot cover every potential patient interaction. There are other instances and conditions for which common judicious practice dictates notification to the supervising physician. It is the student's responsibility to communicate effectively with their supervising physician regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests, and intended interventions when these situations arise.

NICOLA A. CHOATE, Colonel, USAF, MC
Chief of the Medical Staff

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*, 1 September 1999

AFMAN 41-120, *Medical Resource Management Operations*, 6 November 2014

AFI 41-210, *TRICARE Operations and Patient Administration Functions*, 6 June 2012

AFI 44-102, *Medical Care Management*, 17 March 2015

Adopted Forms

AF Form 475, *Education and Training Report*

AF Form 494, *Academic/Clinical Evaluation*

AF Form 847, *Recommendation for Change of Publication*,

Abbreviations and Acronyms

ACGME—Accreditation Council for Graduate Medical Education

BAMC—Brooke Army Medical Center

DIO—Designated Institutional Official

GAHEC—Graduate Allied Health Education Committee

GME—Graduate Medical Education

GMEC—Graduate Medical Education Committee

LIP—Licensed Independent Practitioner

MDW—Medical Wing

MTF—Medical Treatment Facility

AUSHEC—San Antonio Uniformed Services Health Education Consortium

Terms

Acutely Ill—A patient with a condition that is reasonably expected to threaten life, limb, or vital organ function within 24 hours.

Designated Institutional Official—The GME individual recognized by the ACGME and SAUSHEC as having the authority and the responsibility for oversight and administration of GME programs. This person is the Dean of SAUSHEC.

Institutional Clinical Authority—The institutional official designated in MTF documents as having responsibility for the quality of care provided by LIPs and trainees at that MTF.

Major Surgical Case—A procedure that enters a major body cavity or has more than a negligible potential for mortality, significant morbidity, or significant blood loss. Any procedure performed on a patient with major risks from sedation/anesthesia due to underlining medical problems is also major case.

Medical Treatment Facility—A military facility, in which trainees receive clinical training. BAMC and 59 MDW are the two member institutions responsible for the clinical facilities of SAUSHEC.

Program Directors—The institutional officials designated by SAUSHEC and recognized by the Residency Review Committee as having direct responsibility for all training activities within their training program including the quality of educational experiences provided and appropriate resident supervision.

San Antonio Uniformed Services Health Education Consortium—The GME sponsoring institution for BAMC and 59 MDW. The Command Council of SAUSHEC is the Institutional Governing Body for military GME in San Antonio. Voting Members of the Command Council are the Commanders of 59 MDW and BAMC. The Command Council is ultimately responsible for making necessary resources available to programs and ensuring that appropriate resident supervision is provided.

SAUSHEC Graduate Medical Education and Graduate Allied Health Education Committee—Are composed of the DIO (who is the Chair), Program Directors, peer selected resident representatives and faculty selected by the Dean. Its charter is to monitor and advise on all aspects of GME and GAHE in SAUSHEC.

Student—A person currently enrolled in a medical/osteopathic, dental, physician assistant, physical therapy, etc., school.

Supervision—Constitutes any method of staff oversight of patient care for the purpose of ensuring quality of care and enhancing learning. This term does not necessarily require the physical presence or the independent gathering of data about the patient on the part of the supervising staff provider.

Supervising Staff Provider—A LIP who can supervise trainees and students. This is an individual with appropriate training and an unrestricted state license who has privileges in a field, specialty, or subspecialty of medicine or dentistry which would allow that individual to practice without supervision at 59 MDW.

Team—A group of trainees and staff who share responsibility for the care of a given patient.

Trainee—A medical, dental, physical therapy, dietetic, etc. intern, resident, or fellow who has graduated from a medical, dental, physical therapy, dietetic, etc. school respectively, and is either in the first or subsequent post graduate training program in a specialty or subspecialty.